

# DISASTER RESPONSE VOLUNTEER INTAKE FORM

*Please Print*

NAME		AGE (IF UNDER 18)
PHONE—DAY (AREA CODE INCLUDED)	EVENING	OTHER
ADDRESS		
CITY	STATE	ZIP

## SKILLS

<input type="checkbox"/> Veterinary Medicine	<input type="checkbox"/> Animal Sheltering	<input type="checkbox"/> Animal Rescue
<input type="checkbox"/> Small Animal Handling	<input type="checkbox"/> Farm Animal Handling	<input type="checkbox"/> Equine Handling
<input type="checkbox"/> Exotics and Wildlife Handling	<input type="checkbox"/> Administration/Management	<input type="checkbox"/> Communications
<input type="checkbox"/> Computer	<input type="checkbox"/> Customer Service	
<input type="checkbox"/> Other _____		

## WILLING TO DO

<input type="checkbox"/> Animal Care	<input type="checkbox"/> Animal Rescue	<input type="checkbox"/> Shelter Clean-Up
<input type="checkbox"/> Animal Health Care	<input type="checkbox"/> Office Work	<input type="checkbox"/> Phones
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Driving	<input type="checkbox"/> Damage Assessment
<input type="checkbox"/> Other _____		

## VACCINATION HISTORY

☐ Rabies Pre-Exposure, Date \_\_\_\_\_ ☐ Tetanus, Date \_\_\_\_\_ ☐ Hepatitis A, Date \_\_\_\_\_

WHEN AVAILABLE	MON	TUE	WED	THU	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

STARTING DATE AVAILABLE	LENGTH OF TIME AVAILABLE (1 WEEK, 1 MONTH, OPEN)
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IN WHAT PART OF THE COUNTY ARE YOU WILLING TO WORK?

SPECIAL EQUIPMENT / RESOURCES OFFERED

REFERRED BY	COMMENTS
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INTERVIEWER	DATE
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